



OFFICE OF THE DEAF AND HARD OF HEARING CUSTOMER SERVICE SATISFACTION SURVEY

The Office of the Deaf and Hard of Hearing values your input. In order for us to ensure your needs are met and you receive a high quality level of services, please take a few minutes to complete the following questions and mail this postage-paid survey back to us. If you have any questions, please call ODHH at 1-800-422-7930 V/TTY.

1. **Are you:** Deaf ☐ Hard of Hearing ☐ Deaf-Blind ☐ Hearing ☐

2. **What county do you live in?** _____

3. **Which Service Center did you go to?**

CSCDHH (Seattle) ☐ SEWCDHH (Pasco) ☐ TACID (Tacoma) ☐

NWCDHH (Bellingham) ☐ SWCDHH (Vancouver) ☐ EWCDHH (Spokane) ☐

4. **Were you satisfied with the information/service you received?** Yes ☐ No ☐

5. **Was the staff helpful in meeting your needs?** Yes ☐ No ☐

6. **What services did you request?** Advocacy ☐ Information/Referral ☐

Support Groups ☐ Education/Training ☐ Other _____

7. **Was the staff polite and professional?** Yes ☐ No ☐

Comments: _____

Your Name (optional): _____ (PLEASE PRINT)

Per the United States Postal Service, stapled mail will not be accepted. Please tape close before mailing. Thank you.